TennCare Companion Guide

837 Health Care Claim : Professional V5010X222A1

Version: 1.0 Final

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Company: Bureau of TennCare

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Notes:

Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.

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837

Health Care Claim: Professional

Functional Group=HC

Purpose: This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Not Defined:

Pos	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required
Heading	;:						
<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
0050	ST	Transaction Set Header	M	1			Required
0100	BHT	Beginning of Hierarchical	M	1			Required
		Transaction					
LOOP I	D - 1000	<u>4</u>			<u>1</u>	N1/0200L	
0200	NM1	Submitter Name	O	1		N1/0200	Required
0450	PER	Submitter EDI Contact	O	2			Required
		Information					_
	7 1000		•				
LOOP I	D - 1000	<u> </u>			<u>1</u>	<u>N1/0200L</u>	
0200	NM1	Receiver Name	O	1		N1/0200	Required

Detail:

<u>Pos</u>	<u>Id</u>	Segment Name	Req	Max Use	Repeat	<u>Notes</u>	<u>Usage</u>
LOOP	ID - 2000A	<u>A</u>			<u>>1</u>		
0010	HL	Billing Provider Hierarchical Level	M	1			Required
0030	PRV	Billing Provider Specialty Information	О	1			Situational
0100	CUR	Foreign Currency Information	O	1			Situational
LOOP	ID - 2010A	<u> </u>			<u>1</u>	N2/0150L	
0150	NM1	Billing Provider Name	O	1		N2/0150	Required
0250	N3	Billing Provider Address	O	1			Required
0300	N4	Billing Provider City, State, ZIP Code	О	1			Required
0350	REF	Billing Provider Tax Identification	О	1			Required
0350	REF	Billing Provider UPIN/License Information	О	2			Situational
0400	PER	Billing Provider Contact Information	О	2			Situational

			<u> </u>				
	D - 2010A				<u>1</u>	N2/0150L	g:
0150	NM1	Pay-to Address Name	0	1		N2/0150	Situational
0250	N3	Pay-To Address - ADDRESS	O	1			Required
0300	N4	Pay-to Address City, State, ZIP Code	О	1			Required
I OOP I	D - 2010A		*		1	N2/0150L	
0150	NM1	Pay-To Plan Name	O	1	<u> </u>	N2/0150	Situational
0250	N3	Pay-To Plan Address	O	1		112/0130	Required
0300	N4	Pay-To Plan City, State, ZIP	O	1			Required
0200	111	Code	Ü	1			rtoquirea
0350	REF	Pay-To Plan Secondary	O	1			Situational
		Identification					
0350	REF	Pay-To Plan Tax Identification	O	1			Required
		Number					
LOOP I	D - 2000I	3	•		<u>>1</u>	•	
0010	HL	Subscriber Hierarchical Level	M	1	_		Required
0050	SBR	Subscriber Information	O	1			Required
0070	PAT	Patient Information	O	1			Situational
LOOP I	D - 2010I	<u>8A</u>			<u>1</u>	N2/0150L	
0150	NM1	Subscriber Name	O	1		N2/0150	Required
0250	N3	Subscriber Address	O	1			Situational
0300	N4	Subscriber City, State, ZIP	O	1			Situational
		Code					
0320	DMG	Subscriber Demographic	O	1			Situational
0250	DEE	Information	0	1			G: 1
0350	REF	Subscriber Secondary Identification	O	1			Situational
0350	REF	Property and Casualty Claim	0	1			Situational
0330	KLI	Number	O	1			Situational
0400	PER	Property and Casualty	O	1			Situational
		Subscriber Contact					
		Information					
LOOP I	D - 2010I	<u>BB</u>	·		<u>1</u>	N2/0150L	
0150	NM1	Payer Name	O	1		N2/0150	Required
0250	N3	Payer Address	O	1			Situational
0300	N4	Payer City, State, ZIP Code	O	1			Situational
0350	REF	Payer Secondary Identification	O	3			Situational
0350	REF	Billing Provider Secondary	O	2			Situational
		Identification					
LOOP I	D - 2300	·	·		100	·	
1300	CLM	Claim Information	О	1			Required
1350	DTP	Date - Onset of Current Illness	O	1			Situational
		or Symptom					
1350	DTP	Date - Initial Treatment Date	O	1			Situational
1350	DTP	Date - Last Seen Date	O	1			Situational
1350	DTP	Date - Acute Manifestation	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Last Menstrual Period	O	1			Situational
1350	DTP	Date - Last X-ray Date	O	1			Situational
1350	DTP	Date - Hearing and Vision	O	1			Situational
1050	D	Prescription Date					at.
1350	DTP	Date - Disability Dates	O	1			Situational
	D	D . T . TTT	_				a
1350 1350 1350	DTP DTP	Date - Last Worked Date - Authorized Return to	O O	1 1			Situational Situational

1250	DTD	Work	0	1			C:44:1
1350	DTP	Date - Admission	0	1			Situational Situational
1350	DTP	Date - Discharge Date - Assumed and	0	1			
1350	DTP	Relinquished Care Dates	О	2			Situational
1350	DTP	Property and Casualty Date of First Contact	О	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1550	PWK	Claim Supplemental Information	O	10			Situational
1600	CN1	Contract Information	O	1			Situational
1750	AMT	Patient Amount Paid	O	1			Situational
1800	REF	Service Authorization Exception Code	O	1			Situational
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	O	1			Situational
1800	REF	Mammography Certification Number	O	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational
1800	REF	Clinical Laboratory	O	1			Situational
		Improvement Amendment (CLIA) Number					
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim Number	О	1			Situational
1800	REF	Investigational Device Exemption Number	O	1			Situational
1800	REF	Claim Identifier For Transmission Intermediaries	O	1			Situational
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project Identifier	O	1			Situational
1800	REF	Care Plan Oversight	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	1			Situational
1950	CR1	Ambulance Transport Information	O	1		N2/1950	Situational
2000	CR2	Spinal Manipulation Service Information	O	1			Situational
2200	CRC	Ambulance Certification	O	3			Situational
2200	CRC	Patient Condition Information:	O	3			Situational
2005	c= =	Vision	6				g.,
2200	CRC	Homebound Indicator	0	1			Situational
2200	CRC	EPSDT Referral	0	1			Situational
2310	HI	Health Care Diagnosis Code	0	1			Required
2310	HI	Anesthesia Related Procedure	0	1			Situational
2310	HI	Condition Information	0	2			Situational
2410	HCP	Claim Pricing/Repricing Information	О	1			Situational
LOOP I	D - 2310A	1			2	N2/2500L	
2500	NM1	Referring Provider Name	O	1	<u> </u>	N2/2500	Situational
2710	REF	Referring Provider Secondary Identification	O	3			Situational
LOOP I	D - 2310H	<u>3</u>			1	N2/2500L	

2500	NM1	Dandaring Provider Name	0	1		N2/2500	Situational
2550	PRV	Rendering Provider Name Rendering Provider Specialty	0 0	1		N2/2300	Situational
2330	TKV	Information	O	1			Situational
2710	REF	Rendering Provider Secondary	O	4			Situational
		Identification					
LOOP	ID - 23100	C			1	N2/2500L	, ,
2500	NM1	Service Facility Location	О	1	_	N2/2500	Situational
		Name					
2650	N3	Service Facility Location	O	1			Required
2700	N4	Address	0	1			D d
2700	194	Service Facility Location City, State, ZIP Code	О	1			Required
2710	REF	Service Facility Location	O	3			Situational
		Secondary Identification					
2750	PER	Service Facility Contact	O	1			Situational
		Information					
LOOP	ID - 2310I	<u>)</u>			<u>1</u>	N2/2500L	
2500	NM1	Supervising Provider Name	O	1		N2/2500	Situational
2710	REF	Supervising Provider	O	4			Situational
		Secondary Identification					
	ID - 2310I				<u>1</u>	N2/2500L	
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	O	1			Required
2700	N4	Ambulance Pick-up Location	O	1			Required
		City, State, Zip Code					
	ID - 2310I				<u>1</u>	N2/2500L	
2500	NM1	Ambulance Drop-off Location	0	1		N2/2500	Situational
2650	N3	Ambulance Drop-off Location Address	О	1			Required
2700	N4	Ambulance Drop-off Location	O	1			Required
		City, State, Zip Code					
LOOP	ID - 2320		·		<u>10</u>	N2/2900L	·
2900	SBR	Other Subscriber Information	O	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits	О	1			Situational
3000	AMT	(COB) Payer Paid Amount Coordination of Benefits	O	1			Situational
3000	AWI	(COB) Total Non-covered	O	1			Situational
		Amount					
3000	AMT	Remaining Patient Liability	O	1			Situational
3100	OI	Other Insurance Coverage Information	O	1			Required
3200	MOA	Outpatient Adjudication Information	O	1			Situational
LOOP	ID - 2330A	<u>A</u>			<u>1</u>	N2/3250L	·
3250	NM1	Other Subscriber Name	O	1		N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City, State,	O	1			Situational
3550	REF	ZIP Code Other Subscriber Secondary	O	1			Situational
2220		Onici Subscribel Secolidary	U	1			SituatiOliai
	KEI*	Identification					
LOOP	ID - 2330H	Identification			1	N2/3250L	

3250	NM1	Other Payer Name	O	1		N2/3250	Required
3320	N3	Other Payer Address	O	1			Situational
3400	N4	Other Payer City, State, ZIP Code	O	1			Situational
3500	DTP	Claim Check or Remittance Date	O	1			Situational
3550	REF	Other Payer Secondary Identifier	O	2			Situational
3550	REF	Other Payer Prior Authorization Number	O	1			Situational
3550	REF	Other Payer Referral Number	O	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	O	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP	ID - 23300	7			2	N2/3250L	
3250	NM1	Other Payer Referring Provider	О	1	<u> </u>	N2/3250L N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary	O	3			Required
		Identification					
LOOP	ID - 2330I	<u> </u>			1	N2/3250L	
3250	NM1	Other Payer Rendering	О	1		N2/3250	Situational
3550	REF	Provider Other Payer Rendering	O	3			Required
3330	KEF	Provider Secondary Identification	U	3			Required
LOOP	ID - 2330I	₹.			1	N2/3250L	
3250	NM1	Other Payer Service Facility Location	О	1	±	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	0	3			Required
LOOD	ID 2220I					N2/2250I	
3250	NM1	Other Payer Supervising Provider	O	1	<u>1</u>	N2/3250L N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	O	3			Required
	ID - 23300	 -		-	<u>1</u>	N2/3250L	G*: 1
3250	NM1	Other Payer Billing Provider	0	1		N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	О	2			Required
LOOP	ID - 2400			_	<u>50</u>	N2/3650L	
3650	LX	Service Line Number	O	1		N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	О	1			Situational
4200	PWK	Line Supplemental Information	O	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	O	1			Situational

		- 0					11
4250	CD2	Information	0	1			G': 4' 1
4350	CR3	Durable Medical Equipment Certification	O	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	0	1			Situational
4500	CRC	Condition Indicator/Durable	0	1			Situational
4300	CRC	Medical Equipment	O	1			Situational
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification	O	1			Situational
		Revision/Recertification Date					
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia	O	1			Situational
4620	MEA	Additional Units	0	=			C:44:1
4620	MEA	Test Result	0	5			Situational
4650	CN1	Contract Information	0	1			Situational
4700	REF	Repriced Line Item Reference Number	0	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	О	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	O	1			Situational
4700	REF	Clinical Laboratory	O	1			Situational
		Improvement Amendment					
4500	DEE	(CLIA) Number					G!:
4700	REF	Referring Clinical Laboratory Improvement Amendment	O	1			Situational
		(CLIA) Facility Identification					
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization	O	1			Situational
		Notes					
4880	PS1	Purchased Service Information	O	1			Situational
4920	HCP	Line Pricing/Repricing	O	1			Situational
	·	Information					
LOOP I					<u>1</u>	N2/4930L	~
4930	LIN	Drug Identification	0	1		N2/4930	Situational
4940	CTP	Drug Quantity	0	1			Required
4950	REF	Prescription or Compound Drug Association Number	О	1			Situational
	<u> </u>						9
	D - 2420A				<u>1</u>	N2/5000L	
5000	NM1	Rendering Provider Name	O	1		N2/5000	Situational

5050	PRV	Rendering Provider Specialty	O	1			Situational
5250	REF	Information Rendering Provider Secondary	О	20			Situational
		Identification					
LOOP	D - 2420]	В			1	N2/5000L	
5000	NM1	Purchased Service Provider Name	О	1	_	N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	О	20			Situational
LOOP	D - 2420	C			1	N2/5000L	
5000	NM1	Service Facility Location	0	1	_	N2/5000	Situational
5140	N3	Service Facility Location Address	О	1			Required
5200	N4	Service Facility Location City, State, ZIP Code	О	1			Required
5250	REF	Service Facility Location Secondary Identification	О	3			Situational
LOOP	D - 24201	0			1	N2/5000L	
5000	NM1	Supervising Provider Name	О	1	_	N2/5000 N2/5000	Situational
5250	REF	Supervising Provider Secondary Identification	О	20			Situational
LOOP	D - 24201	F.			1	N2/5000L	
5000	NM1	Ordering Provider Name	0	1	<u> </u>	N2/5000 N2/5000	Situational
5140	N3	Ordering Provider Address	0	1		1,2,0000	Situational
5200	N4	Ordering Provider City, State, ZIP Code	0	1			Situational
5250	REF	Ordering Provider Secondary Identification	О	20			Situational
5300	PER	Ordering Provider Contact Information	О	1			Situational
LOOPI	D - 24201				2	N2/5000L	
5000	NM1	Referring Provider Name	O	1	<u>4</u>	N2/5000L	Situational
5250	REF	Referring Provider Secondary Identification	0	20		112/3000	Situational
LOODI	D 24204	C C			1	N2/5000I	
5000	D - 2420 0 NM 1	Ambulance Pick-up Location	О	1	<u>1</u>	N2/5000L N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	O	1		112/3000	Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOOP	D - 24201				1	N2/5000L	
5000	NM1	Ambulance Drop-off Location	О	1	Ţ	N2/5000L N2/5000	Situational
5140	N3	Ambulance Drop-off Location	0	1		1,2/3000	Required
	· -	Address	-	-			- 1
5200	N4	Ambulance Drop-off Location City, State, Zip Code	О	1			Required
LOOP	D - 2430				<u>15</u>	N2/5400L	
5400	SVD	Line Adjudication Information	О	1	10	N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	O	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational

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LOOP I	D - 2440				<u>>1</u>	N2/5510L	
5510	LQ	Form Identification Code	O	1		N2/5510	Situational
5520	FRM	Supporting Documentation	M	99		N2/5520	Required
LOOP I	D - 20000	٣			<u>>1</u>		
0010	HL	Patient Hierarchical Level	O	1	<u> </u>		Situational
0070	PAT	Patient Information	O	1			Required
	D - 20100			1	1	N2/0150L	required
0150	NM1	Patient Name	0	1	ᆂ	N2/0150	Required
0250	N3	Patient Address	0	1		112/0130	Required
0300	N4	Patient City, State, ZIP Code	0	1			Required
0320	DMG	Patient Demographic	O	1			Required
		Information					-
0350	REF	Property and Casualty Claim Number	О	1			Situational
0350	REF	Property and Casualty Patient Identifier	О	1			Situational
0400	PER	Property and Casualty Patient Contact Information	О	1			Situational
LOOP	ID - 2300				100		
1300	CLM	Claim Information	0	1	100		Required
1350	DTP	Date - Onset of Current Illness	O	1			Situational
1330	<i>D</i> 11	or Symptom	O	1			Situational
1350	DTP	Date - Initial Treatment Date	O	1			Situational
1350	DTP	Date - Last Seen Date	O	1			Situational
1350	DTP	Date - Acute Manifestation	O	1			Situational
1350	DTP	Date - Accident	O	1			Situational
1350	DTP	Date - Last Menstrual Period	O	1			Situational
1350	DTP	Date - Last X-ray Date	O	1			Situational
1350	DTP	Date - Hearing and Vision Prescription Date	O	1			Situational
1350	DTP	Date - Disability Dates	O	1			Situational
1350	DTP	Date - Last Worked	Ö	1			Situational
1350	DTP	Date - Authorized Return to Work	O	1			Situational
1350	DTP	Date - Admission	O	1			Situational
1350	DTP	Date - Discharge	O	1			Situational
1350	DTP	Date - Assumed and	O	2			Situational
1350	DTP	Relinquished Care Dates Property and Casualty Date of First Contact	О	1			Situational
1350	DTP	Date - Repricer Received Date	O	1			Situational
1550	PWK	Claim Supplemental	0	10			Situational
1600	CNI	Information Contract Information	0	1			Situations1
1600 1750	CN1 AMT	Patient Amount Paid	0	1 1			Situational Situational
1800	REF	Service Authorization	0 0	1			Situational Situational
		Exception Code					
1800	REF	Mandatory Medicare (Section 4081) Crossover Indicator	О	1			Situational
1800	REF	Mammography Certification Number	О	1			Situational
1800	REF	Referral Number	O	1			Situational
1800	REF	Prior Authorization	O	1			Situational
1800	REF	Payer Claim Control Number	O	1			Situational

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1800	REF	Clinical Laboratory	O	1			Situational
		Improvement Amendment					
		(CLIA) Number					
1800	REF	Repriced Claim Number	O	1			Situational
1800	REF	Adjusted Repriced Claim	O	1			Situational
		Number					
1800	REF	Investigational Device	O	1			Situational
		Exemption Number					
1800	REF	Claim Identifier For	O	1			Situational
		Transmission Intermediaries					
1800	REF	Medical Record Number	O	1			Situational
1800	REF	Demonstration Project	O	1			Situational
		Identifier					
1800	REF	Care Plan Oversight	O	1			Situational
1850	K3	File Information	O	10			Situational
1900	NTE	Claim Note	O	1			Situational
1950	CR1	Ambulance Transport	O	1		N2/1950	Situational
		Information					
2000	CR2	Spinal Manipulation Service	O	1			Situational
		Information					
2200	CRC	Ambulance Certification	O	3			Situational
2200	CRC	Patient Condition Information:	O	3			Situational
		Vision					
2200	CRC	Homebound Indicator	O	1			Situational
2200	CRC	EPSDT Referral	O	1			Situational
2310	HI	Health Care Diagnosis Code	O	1			Required
2310	HI	Anesthesia Related Procedure	O	1			Situational
2310	HI	Condition Information	O	2			Situational
2410	HCP	Claim Pricing/Repricing	O	1			Situational
		Information					
LOOP I	D - 2310A	1			<u>2</u>	N2/2500L	
2500	NM1	Referring Provider Name	O	1		N2/2500	Situational
2710	REF	Referring Provider Secondary	O	3			Situational
		Identification					
LOODI	D 2210D				1	N/2/2500T	
	D - 2310B		0	1	<u>1</u>	N2/2500L	G', ,' 1
2500	NM1	Rendering Provider Name	0	1		N2/2500	Situational
2550	PRV	Rendering Provider Specialty	O	1			Situational
2510	DEE	Information	0				at t
2710	REF	Rendering Provider Secondary Identification	O	4			Situational
		identification					
LOOP I	D - 2310C	2			<u>1</u>	N2/2500L	
2500	NM1	Service Facility Location	O	1		N2/2500	Situational
		Name					
2650	N3	Service Facility Location	O	1			Required
		Address					
2700	N4	Service Facility Location City,	O	1			Required
		State, ZIP Code					
2710	REF	Service Facility Location	O	3			Situational
		Secondary Identification					
2750	PER	Service Facility Contact	O	1			Situational
		Information					
LOOP I	D - 2310E)			1	N2/2500L	
2500	NM1	Supervising Provider Name	0	1	-	N2/2500	Situational
2710	REF	Supervising Provider	0	4			Situational
10		Secondary Identification	_	•			511441131141

						<u>.</u>	
LOOP I	ID - 2310E				<u>1</u>	N2/2500L	
2500	NM1	Ambulance Pick-up Location	O	1		N2/2500	Situational
2650	N3	Ambulance Pick-up Location Address	О	1			Required
2700	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOODI	ID 2210E				1	N2/2500I	
2500	ID - 2310F NM1	Ambulance Drop-off Location	O	1	<u>1</u>	N2/2500L N2/2500	Situational
2650	N3	Ambulance Drop-off Location	0	1		112/2300	Required
		Address Ambulance Drop-off Location					
2700	N4	City, State, Zip Code	0	1			Required
LOOP I	ID - 2320				<u>10</u>	N2/2900L	
2900	SBR	Other Subscriber Information	О	1		N2/2900	Situational
2950	CAS	Claim Level Adjustments	O	5			Situational
3000	AMT	Coordination of Benefits (COB) Payer Paid Amount	0	1			Situational
3000	AMT	Coordination of Benefits (COB) Total Non-covered Amount	0	1			Situational
3000	AMT	Remaining Patient Liability	O	1			Situational
3100	OI	Other Insurance Coverage Information	О	1			Required
3200	MOA	Outpatient Adjudication Information	О	1			Situational
LOOP I	ID - 2330A		,		1	N2/3250L	,
3250	NM1	Other Subscriber Name	O	1	_	N2/3250	Required
3320	N3	Other Subscriber Address	O	1			Situational
3400	N4	Other Subscriber City, State, ZIP Code	O	1			Situational
3550	REF	Other Subscriber Secondary Identification	О	1			Situational
LOOPI	ID - 2330E				1	N2/3250L	
3250	NM1	Other Payer Name	0	1		N2/3250	Required
3320	N3	Other Payer Address	O	1		112,3230	Situational
3400	N4	Other Payer City, State, ZIP	0	1			Situational
3500	DTP	Code Claim Check or Remittance	О	1			Situational
3550	REF	Other Payer Secondary	0	2			Situational
3550	REF	Identifier Other Payer Prior	O	1			Situational
2550	DEE	Authorization Number	0	1			Cityati1
3550	REF	Other Payer Referral Number	0	1			Situational
3550	REF	Other Payer Claim Adjustment Indicator	О	1			Situational
3550	REF	Other Payer Claim Control Number	O	1			Situational
LOOP	ID 22201					NOVOCOT	
	ID - 2330C		0	1	<u>2</u>	N2/3250L	Cituati 1
3250	NM1	Other Payer Referring Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Referring Provider Secondary Identification	O	3			Required
		100.11110411011					

LOOP	ID - 23301	<u> </u>			<u>1</u>	N2/3250L	
3250	NM1	Other Payer Rendering Provider	O	1		N2/3250	Situational
3550	REF	Other Payer Rendering Provider Secondary	0	3			Required
		Identification					
LOOP	ID - 23301	E			1	N2/3250L	
3250	NM1	Other Payer Service Facility Location	О	1	_	N2/3250	Situational
3550	REF	Other Payer Service Facility Location Secondary Identification	0	3			Required
LOOP	ID - 23301	ਜ			1	N2/3250L	
3250	NM1	Other Payer Supervising Provider	О	1	<u> </u>	N2/3250	Situational
3550	REF	Other Payer Supervising Provider Secondary Identification	0	3			Required
LOOP	ID - 23300	~			1	N2/3250L	
3250	NM1	Other Payer Billing Provider	O	1	Ţ	N2/3250L N2/3250	Situational
3550	REF	Other Payer Billing Provider Secondary Identification	0	2		112/3230	Required
LOOP	ID - 2400				50	N2/3650L	
3650	LX	Service Line Number	O	1	20	N2/3650	Required
3700	SV1	Professional Service	O	1			Required
4000	SV5	Durable Medical Equipment Service	O	1			Situational
4200	PWK	Line Supplemental Information	О	10			Situational
4200	PWK	Durable Medical Equipment Certificate of Medical Necessity Indicator	О	1			Situational
4250	CR1	Ambulance Transport Information	O	1		N2/4250	Situational
4350	CR3	Durable Medical Equipment Certification	О	1			Situational
4500	CRC	Ambulance Certification	O	3			Situational
4500	CRC	Hospice Employee Indicator	O	1			Situational
4500	CRC	Condition Indicator/Durable Medical Equipment	O	1			Situational
4550	DTP	Date - Service Date	O	1			Required
4550	DTP	Date - Prescription Date	O	1			Situational
4550	DTP	DATE - Certification Revision/Recertification Date	O	1			Situational
4550	DTP	Date - Begin Therapy Date	O	1			Situational
4550	DTP	Date - Last Certification Date	O	1			Situational
4550	DTP	Date - Last Seen Date	O	1			Situational
4550	DTP	Date - Test Date	O	2			Situational
4550	DTP	Date - Shipped Date	O	1			Situational
4550	DTP	Date - Last X-ray Date	O	1			Situational
4550	DTP	Date - Initial Treatment Date	O	1			Situational
4600	QTY	Ambulance Patient Count	O	1			Situational
4600	QTY	Obstetric Anesthesia Additional Units	О	1			Situational

4620	MEA	Test Result	O	5			Situational
4650	CN1	Contract Information	O	1			Situational
4700	REF	Repriced Line Item Reference Number	O	1			Situational
4700	REF	Adjusted Repriced Line Item Reference Number	0	1			Situational
4700	REF	Prior Authorization	O	5			Situational
4700	REF	Line Item Control Number	O	1			Situational
4700	REF	Mammography Certification Number	O	1			Situational
4700	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	O	1			Situational
4700	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	O	1			Situational
4700	REF	Immunization Batch Number	O	1			Situational
4700	REF	Referral Number	O	5			Situational
4750	AMT	Sales Tax Amount	O	1			Situational
4750	AMT	Postage Claimed Amount	O	1			Situational
4800	K 3	File Information	O	10			Situational
4850	NTE	Line Note	O	1			Situational
4850	NTE	Third Party Organization Notes	0	1			Situational
4880	PS1	Purchased Service Information	O	1			Situational
4920	НСР	Line Pricing/Repricing Information	О	1			Situational
LOOP I	ID - 2410				<u>1</u>	N2/4930L	
4930	LIN	Drug Identification	O	1		N2/4930	Situational
4940	CTP	Drug Quantity	O	1			Required
4950	REF	Prescription or Compound Drug Association Number	О	1			Situational
LOOP	ID - 2420A	1			1	N2/5000L	·
5000	NM1	Rendering Provider Name	О	1	<u> </u>	N2/5000 N2/5000	Situational
5050	PRV	Rendering Provider Specialty Information	O	1			Situational
5250	REF	Rendering Provider Secondary Identification	О	20			Situational
LOOP	ID 24201				1	N2/50001	
5000	ID - 2420I NM1	Purchased Service Provider Name	О	1	<u>1</u>	N2/5000L N2/5000	Situational
5250	REF	Purchased Service Provider Secondary Identification	О	20			Situational
LOOP	ID 04004	•			1	NO FOOT	
5000	ID - 24200 NM1	Service Facility Location	О	1	<u>1</u>	N2/5000L N2/5000	Situational
5140	NM1 N3	Service Facility Location Service Facility Location Address	0	1		11/2/JUUU	Required
5200	N4	Service Facility Location City, State, ZIP Code	O	1			Required
5250	REF	Service Facility Location Secondary Identification	О	3			Situational
LOOP	ID -24201				1	N2/50001	
5000	ID - 2420I NM1	Supervising Provider Name	О	1	<u>1</u>	N2/5000L N2/5000	Situational
5250	REF	Supervising Provider Name Supervising Provider	0	20		11/2/3000	Situational
J2J0	KEF	Supervising Frovider	U	20			SituatiOliai

		Secondary Identification					
LOOPI	D - 24201	ह.		•	1	N2/5000L	
5000	NM1	Ordering Provider Name	O	1	-	N2/5000	Situational
5140	N3	Ordering Provider Address	O	1			Situational
5200	N4	Ordering Provider City, State, ZIP Code	О	1			Situational
5250	REF	Ordering Provider Secondary Identification	О	20			Situational
5300	PER	Ordering Provider Contact Information	О	1			Situational
LOOPI	D - 24201	r			2	N2/5000L	
5000	NM1	Referring Provider Name	0	1	<u> </u>	N2/5000L	Situational
5250	REF	Referring Provider Secondary Identification	0	20		112/3000	Situational
LOOPI	D - 24200	Ç.			1	N2/5000L	
5000	NM1	Ambulance Pick-up Location	0	1	<u> </u>	N2/5000L N2/5000	Situational
5140	N3	Ambulance Pick-up Location Address	0	1		112/3000	Required
5200	N4	Ambulance Pick-up Location City, State, Zip Code	О	1			Required
LOOPI	D - 24201	H			1	N2/5000L	
5000	NM1	Ambulance Drop-off Location	0	1	±	N2/5000L	Situational
5140	N3	Ambulance Drop-off Location Address	0	1		1,2,0000	Required
5200	N4	Ambulance Drop-off Location City, State, Zip Code	О	1			Required
LOOP I	D - 2430				15	N2/5400L	
5400	SVD	Line Adjudication Information	O	1	_	N2/5400	Situational
5450	CAS	Line Adjustment	O	5			Situational
5500	DTP	Line Check or Remittance Date	О	1			Required
5505	AMT	Remaining Patient Liability	O	1			Situational
LOOP I	D - 2440				<u>>1</u>	N2/5510L	
5510	LQ	Form Identification Code	O	1	_	N2/5510	Situational
	FRM	Supporting Documentation	M	99		N2/5520	Required
5520			M	1			Required
5520	SE	Transaction Set Trailer	111				•
5550	22	Transaction Set Trailer	111				·
5550	22	Transaction Set Trailer Segment Name	Req	Max Use	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
5550 l ot Defi	ined:			Max Use	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u> Required

ISA Interchange Control Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 16

User Option (Usage): Required

Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Element	Summary	7:

Element	summa	ry:							
<u>Ref</u> ISA01	<u>Id</u> I01	Element Na Authorizati	<u>me</u> on Information Qualifier	Req M	<u>Type</u> ID	<u>Min/Max</u> 2/2	<u>Usage</u> Required		
		information	: Code identifying the type of in the Authorization Information Notes: Preferred value is '00'						
		<u>Code</u> 00 03	No Authorization Information Pre Additional Data Identification	esent (No	o Meaning	gful Information	in I02)		
ISA03	I03	Security Inf	formation Qualifier	M	ID	2/2	Required		
		Description information TennCare N							
ISA05	A05 I05 Interchange ID Qualifier				ID	2/2	Required		
		system/meth designate the being qualif	a: Code indicating the nod of code structure used to e sender or receiver ID element						
Codo Nomo									
		<u>Code</u> 01	Name Duns (Dun & Bradstreet)						
		14	Duns Plus Suffix						
		20							
		20 27	Health Industry Number (HIN) Carrier Identification Number as	accionad	by Healtl	. Cara Financina	Administration		
		21	(HCFA)	assigneu	by Heard	i Care Pillanellig	z Administration		
		28	Fiscal Intermediary Identification Administration (HCFA)	Number	r as assigr	ned by Health Ca	ealth Care Financing		
		29	Medicare Provider and Supplier Information (HCFA)		ition Num	ber as assigned l	by Health Care		
		30	U.S. Federal Tax Identification N	umber					
		33	National Association of Insurance	e Commi	issioners (Company Code ((NAIC)		
		ZZ	Mutually Defined						
ISA06	I06	Interchange	e Sender ID	M	AN	15/15	Required		
		the sender for ID to route of codes this variations of the Codes this variation of the Codes the Codes this variation of the Codes the	: Identification code published by or other parties to use as the receiver data to them; the sender always alue in the sender ID element Notes: This value will be the Sender ther ID for Inbound Transactions. nnCare's ID '626001445TC' for ransactions.						
ISA07	105	Interchange	e ID Qualifier	M	ID	2/2	Required		
		system/meth	: Code indicating the tod of code structure used to e sender or receiver ID element tied						

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TennCare Notes: Preferred value is 'ZZ'

		Code 01 14 20 27 28 29 30 33 ZZ	Name Duns (Dun & Bradstreet) Duns Plus Suffix Health Industry Number (HIN) Carrier Identification Number as assigned by Health Care Financing Admir (HCFA) Fiscal Intermediary Identification Number as assigned by Health Care Fina Administration (HCFA) Medicare Provider and Supplier Identification Number as assigned by Health Financing Administration (HCFA) U.S. Federal Tax Identification Number National Association of Insurance Commissioners Company Code (NAIC) Mutually Defined						
ISA08	107	the receiver of used by the se other parties s receiving ID to TennCare No '626001445TC	Identification code published by the data; When sending, it is nder as their sending ID, thus ending to them will use this as a property or	M	AN	15/15	Required		
ISA13	I12	Description: interchange se	Control Number A control number assigned by the ender otes: System generated.	M	N0	9/9	Required		
ISA15	I14	Description: enclosed by the production or TennCare No.	Usage Indicator Code indicating whether data his interchange envelope is test, information hies: Use 'T' for Test Transactions adduction Transactions. Name Production Data Test Data	M	ID	1/1	Required		

GS Functional Group Header

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 8

User Option (Usage): Required

Purpose: To indicate the beginning of a functional group and to provide control information

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
GS02	142	Application Sender's Code	M	AN	2/15	Required
		Description: Code identifying party sending transmission; codes agreed to by trading partners TennCare Notes: Same as ISA06.				
GS03	124	Application Receiver's Code	M	AN	2/15	Required
		Description: Code identifying party receiving transmission; codes agreed to by trading partners TennCare Notes: Same as ISA08				

ST Transaction Set Header

Pos: 0050 Max: 1 Heading - Mandatory Loop: N/A Elements: 3

User Option (Usage): Required

Purpose: To indicate the start of a transaction set and to assign a control number

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	Type	<u>Min/Max</u>	<u>Usage</u>
ST02	329	Transaction Set Control Number	M	AN	4/9	Required
		Description: Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set				
		TennCare Notes: Unique number assigned by				
		sender Must be identical to SEO2				

BHT Beginning of Hierarchical Transaction

Pos: 0100 Max: 1 Heading - Mandatory Loop: N/A Elements: 6

User Option (Usage): Required

Purpose: To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
BHT03	127	Reference Identification	O	AN	1/50	Required
		Description: Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier TennCare Notes: <i>Batch Control #</i>				
BHT04	373	Date	O	DT	8/8	Required
		Description: Date expressed as CCYYMMDD where CC represents the first two digits of the				

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calendar year

TennCare Notes: CCYYMMDD

BHT06 640 **Transaction Type Code** O ID 2/2 Required

Description: Code specifying the type of

transaction

Cross Over Notes:

Error Message: BHT06 code Invalid. Valid Transaction Type Code for Tenncare is 'CH'. Detail: Valid Transaction Type Code for

Tenncare is 'CH'.

Code Name

31 Subrogation Demand

CH Chargeable RP Reporting

NM1 Submitter Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000A Elements: 7

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Required
		Description: Code identifying a party or other code				
		TennCare Notes: This value will be the Trading Partner ID/Submitter ID. Same as				
		ISA06.				

NM1 Receiver Name

Pos: 0200 Max: 1
Heading - Optional
Loop: 1000B Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required
		Description: Individual last name or organizational name TennCare Notes: TENNCARE				
NM109	67	Identification Code	X	AN	2/80	Required
		Description: Code identifying a party or other code				
		TennCare Notes: Receiver Code. Same as ISA08.				

NM1 Billing Provider Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10967Identification CodeXAN2/80Situational

Description: Code identifying a party or other

code

Cross Over Notes:

Error Message: Tenncare requires Billing Provider NPI to be present on all transactions. Detail: Billing provider NPI (Where 2010AA NM108 = 'XX') is required on all transactions.

NM1 Pay-to Address Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 2

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10198Entity Identifier CodeMID2/3Required

Description: Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: Pay-to provider can be sent sometimes on TennCare.

<u>Code</u> <u>Name</u> 87 Pay-to Provider

SBR Subscriber Information

Pos: 0050 Max: 1
Detail - Optional
Loop: 2000B Elements: 6

User Option (Usage): Required

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageSBR021069Individual Relationship CodeOID2/2Situational

Description: Code indicating the relationship between two individuals or entities

TennCare Notes: 18 = Self. Specifies that the subscriber is the patient. The value shall be blank for the patient information to come in the

dependent loop.

<u>Code</u> Name 18 Self SBR05 1336 Insurance Type Code O ID 1/3 Situational

Description: Code identifying the type of insurance policy within a specific insurance

program

TennCare Notes: Tenncare currently uses its subscriber number to reference any insurance type information housed in its own files

Code	<u>Name</u>
12	Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group
	Health Plan
13	Medicare Secondary End-Stage Renal Disease Beneficiary in the Mandated
	Coordination Period with an Employer's Group Health Plan
14	Medicare Secondary, No-fault Insurance including Auto is Primary
15	Medicare Secondary Worker's Compensation
16	Medicare Secondary Public Health Service (PHS)or Other Federal Agency
41	Medicare Secondary Black Lung
42	Medicare Secondary Veteran's Administration
43	Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health
	Plan (LGHP)
47	Medicare Secondary, Other Liability Insurance is Primary

NM1 Subscriber Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 8

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM109	67	Identification Code	X	AN	2/80	Situational
TUNIO	07	Description: Code identifying a party or other code Medicare Advantage Notes: Error Message: TennCare requires the Member Identification Number to be a numeric value either 9 or 11 bytes in length with no separators. Detail: 2010BA NM109 where NM108=MI	A	711	2/00	Situational
		(NM109 67 Identification Code) Social Security Number as the Member ID, must be a string of exactly 9 numbers with no separators. RID must be a string of 11.				

NM1 Payer Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 5

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

<u>Ref</u>	<u>Id</u>	Element Name	<u>Req</u>	Type	Min/Max	<u>Usage</u>
NM103	1035	Name Last or Organization Name	X	AN	1/60	Required
		Description: Individual last name or				

organizational name

TennCare Notes: TENNCARE

NM108 66 **Identification Code Qualifier** X ID 1/2 Required

Description: Code designating the system/method of code structure used for

Identification Code (67)

TennCare Notes: 'PI' should be used.

Code Name

PI Payor Identification

XV Centers for Medicare and Medicaid Services PlanID

NM109 67 **Identification Code** X AN 2/80 Required

Description: Code identifying a party or other

code

TennCare Notes: '626001445'

CLM Claim Information

Pos: 1300 Max: 1 Detail - Optional

Loop: 2300 Elements: 11

User Option (Usage): Required

Purpose: To specify basic data about the claim

Element Summary:

11/21/2011

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
CLM02	782	Monetary Amount	O	R	1/18	Required
		Description: Monetary amount				

TennCare Notes: Total Billed Amount.

NM1 Rendering Provider Name

Pos: 2500 Max: 1
Detail - Optional
Loop: 2310B Elements: 8

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10198Entity Identifier CodeMID2/3Required

Description: Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: This segment is required when NM1 info. is different than carried at 2010AA Billing Provider NM1Loop.

Code Name

82 Rendering Provider

20

SBR Other Subscriber Information

Pos: 2900 Max: 1 Detail - Optional Loop: 2320 Elements: 6

User Option (Usage): Situational

Purpose: To record information specific to the primary insured and the insurance carrier for that insured

Element Summary:

SBR09

1032

<u>Ref</u> SBR02	<u>Id</u> 1069	Element N Individual	<u>ame</u> Relationship Code	Req O	<u>Type</u> ID	Min/Max 2/2	<u>Usage</u> Required
		between tw TennCare	n: Code indicating the relationship o individuals or entities Notes: 18 or a 19 for a sick child. won't fail if not 18 or 19. But MMIS edit.				
		<u>Code</u>	Name				
		01	Spouse				
		18	Self				
		19	Child				
		20	Employee				
		21	Unknown				
		39	Organ Donor				
		40	Cadaver Donor				
		53	Life Partner				
		G8	Other Relationship				

O

ID

1/2

Situational

Description: Code identifying type of claim

Cross Over Notes:

Claim Filing Indicator Code

Error Message: Claim Filing Indicator code (SBR09) is Invalid. "MB' should be used.

Detail: Claim Filing Indicator code is Invalid. "MB' should be used on Cross over and Medicare Advantage claims.

Code	Name
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Program
TV	Title V

11/21/2011

VA Veterans Affairs Plan

WC Workers' Compensation Health Claim

ZZ Mutually Defined

SV1 Professional Service

Pos: 3700 Max: 1
Detail - Optional
Loop: 2400 Elements: 10

User Option (Usage): Required

Purpose: To specify the service line item detail for a health care professional

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageSV102782Monetary AmountOR1/18Required

Description: Monetary amount

TennCare Notes: Line Level Billed Amount.

NM1 Rendering Provider Name

Pos: 5000 Max: 1
Detail - Optional
Loop: 2420A Elements: 8

User Option (Usage): Situational

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageNM10198Entity Identifier CodeMID2/3Required

Description: Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: This segment is required when NM1 info. is different than NM1 info. carried at 2010AA Billing Provider or 2310B Rendering Provider Loop.

Code Name

82 Rendering Provider

SVD Line Adjudication Information

Pos: 5400 Max: 1 Detail - Optional Loop: 2430 Elements: 5

User Option (Usage): Situational

Purpose: To convey service line adjudication information for coordination of benefits between the initial payers of a health care claim and all subsequent payers

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
SVD02	782	Monetary Amount	M	R	1/18	Required
		Description: Monetary amount TennCare Notes: <i>Medicare Paid Amount.</i>				
SVD05	380	Quantity	O	R	1/15	Required
		Description: Numeric value of quantity TennCare Notes: -999,999.99<=values>=999,999.99				

PAT Patient Information

Pos: 0070 Max: 1 Detail - Optional Loop: 2000C Elements: 6

User Option (Usage): Required **Purpose:** To supply patient information

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
PAT01	1069	Individual Relationship Code	O	ID	2/2	Required

Description: Code indicating the relationship between two individuals or entities

TennCare Notes: In TennCare, the only nonsubscriber patient (dependant) allowed is a new born of less than 30 days old. The patient info is in 2010 CA. In MMIS, there will be an edit to fail if the value is other than 19. Translator will not fail for any valid values. Patient information will be stored in t_clm_entity tables similar to subscriber information. EDI will map "BABY" in the Last Name and either "G" or "B" (girl/boy) in the first name.

Code	<u>Name</u>
01	Spouse
19	Child
20	Employee
21	Unknown
39	Organ Donor
40	Cadaver Donor
53	Life Partner
G8	Other Relationship

NM1 Patient Name

Pos: 0150 Max: 1
Detail - Optional
Loop: Elements: 6

User Option (Usage): Required

Purpose: To supply the full name of an individual or organizational entity

Element Summary:

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
NM101	98	Entity Identifier Code	M	ID	2/3	Required

Description: Code identifying an organizational entity, a physical location,

property or an individual

TennCare Notes: Loop 2000CA when newborns are reported under mother's SSN.

Code	<u>Name</u>
QC	Patient

DMG Patient Demographic Information

Pos: 0320 Max: 1
Detail - Optional
Loop:
2010CA Elements: 3

User Option (Usage): Required

Purpose: To supply demographic information

Element Summary:

RefIdElement NameReqTypeMin/MaxUsageDMG021251Date Time PeriodXAN1/35Required

Description: Expression of a date, a time, or range of dates, times or dates and times **TennCare Notes:** Newborn's DOB

GE Functional Group Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

Purpose: To indicate the end of a functional group and to provide control information

Element Summary:

Ref	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
GE02	28	Group Control Number	M	N0	1/9	Required
		Description: Assigned number originated and maintained by the sender TennCare Notes: <i>Same as GS06.</i>				

IEA Interchange Control Trailer

Pos: Max: 1 Not Defined - Mandatory Loop: N/A Elements: 2

User Option (Usage): Required

Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

<u>Ref</u>	<u>Id</u>	Element Name	Req	Type	Min/Max	<u>Usage</u>
IEA02	I12	Interchange Control Number	M	N0	9/9	Required
		Description: A control number assigned by the interchange sender TennCare Notes: <i>Same as ISA13.</i>				